

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

195
State File No.

Registrar's No. 186

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Dana Maternity Home
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 1 Hr.; In Community 1 Hr.; in Arizona 1 Hr.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz.; (b) County Maricopa; (c) City or Town Mesa
(If outside city limits also write RURAL)
(d) Street No. Mesa, Arizona; (e) Citizen of foreign country (yes or No) no
If yes, which country (If NONE write the word)
3. (a) FULL NAME Grace Elizabeth Ault (b) If Veteran name was 16th Social Security No. none

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Oct. 13, 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. 1 min. _____

9. Birthplace Mesa, Arizona
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business _____

12. Name Guy Harold Ault
13. Birthplace Kelesy Texas
(City, town or county) (State or Country)

14. Maiden Name Gathel Halley
15. Birthplace Wich Texas
(City, town or county) (State or Country)

16. (a) Informant's own signature Guy H Ault
(b) Address Mesa Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. (c) Date 10/14/42

18. (a) Embalmer's Signature None
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) Oct. 23, 1942
(Date received local Registrar)
(b) J. B. Meldrum
(Registrar's Signature)

20M 100% Rag 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 13, 1942
TIME (Hour and minute) 10:30 P.M. M.

21. I hereby certify that I attended the deceased from Oct 13
1942 to Oct 13, 1942
that I last saw her alive on Oct 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to birth injury

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Phyllis K. Kautz M. D.
Address Mesa Date signed 10/28/42